

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **091936674**

FILING DATE

APPLICANT(S)

51.2/20 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
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49						
50						
TOTAL IND.	1					
TOTAL DEP.						
TOTAL CLAIMS	1					

	IND.		DEP.		INC.	
	IND.	DEP.	IND.	DEP.	INC.	DEP.
61						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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